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| MULTIPLE DEPENDENT CLAIM<br>FEE CALCULATION SHEET             |          |        |                       |        |                        | Application Number<br><i>09/61671</i> | Filing Date |
|---|----------|--------|-----------------------|--------|------------------------|---------------------------------------|-------------|
| Substitute for Form PTO-1360<br>(For use with Form PTO/SB/06) |          |        |                       |        |                        | Applicant(s)                          |             |
| * May be used for additional claims or amendments             |          |        |                       |        |                        |                                       |             |
| CLAIMS  | AS FILED |        | AFTER FIRST AMENDMENT |        | AFTER SECOND AMENDMENT |                                       |             |
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| Total<br>Claims   |          |        | 3                     |        |                        |                                       |             |
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